Quantity Purchase Agreement With The State Of Indiana

Vendor Remit to: ASSURED HEALTHCARE LLC

5811 N POST ROAD **INDIANAPOLIS IN 46216** Qty Purchase Agreement QPA Number 00000000000000000000000009649

Page 1 of 1

Requisition Nbr.: ASA4-4-64 Effective Date: **Expiration Date:**

05/15/2004

Agency Number:

05/14/2005

Facility:

ALL STATE AGENCIES 143159734

Vendor Federal ID: Vendor Telephone Nbr: 317-257-8534

FAX Number:

Name Of Contact Pers: NORA WOMACK 317-257-8544

Name and Address of Vendor:

1

ASSURED HEALTHCARE LLC Cntct: NORA WOMACK 5811 N POST ROAD INDIANAPOLIS IN 46216

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity

Article and Description

Unit Price

This is an award of a Quantity Purchase Agreement for NURSING SERVICES.

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

For contract pricing and instructions access www.in.gov/idoa/proc and the following:

1. Click on Quantity Purchase Agreements

2. Click on All QPAs

0.00 HUR00000000100009800 Nursing Services/Assured Healthcare

0.0000

The following UN/CEFACT Unit of Measure Common Codes are used in this document: HUR Hour

Signature of Purchasing Officer

CAROLYN AWISHES Office Of the

Signature Of Approval State Attorney General

Typed Name

usen b. Gara

Authorized Signature

Pare Signed 7/2004 Indiana Department Of Administration

Procurement Division

402 West Washington Street, Rm W468 Indianapolis, Indiana 46204

Telephone: (317) 232-3053

STEVE CARTER

Date Signed 4-26-04

Pricing for Crawfordsville, Fort Wayne, Greenfield, Seymour, and Vincennes Districts

| Position | 1* Shift rate per hour | 2 nd Shift rate per hour | 3 rd Shift rate per hour | Overtime rate per hour | Holiday rate per hour |
|-----------------------|---------------------------|----------------------------------------|----------------------------------------|------------------------|-----------------------|
| LPN | \$32.30 | \$33.25 | \$33.25 | \$47.25 | \$47.25 |
| RN | \$41.00 | \$44.60 | \$44.60 | \$57.00 | \$57.00 |
| Nurse Practitioner | \$82.00 | \$82.00 | \$82.00 | \$110.00 | \$110.00 |
| Charge Nurse | \$42.75 | \$45.60 | \$45.60 | \$59.00 | \$59.00 |

LaPorte District

| Position | 1 st Shift rate per hour | 2 nd Shift rate per hour | 3 rd Shift rate per hour | Overtime rate per hour | Holiday rate per hour |
|-----------------------|----------------------------------------|----------------------------------------|----------------------------------------|------------------------|-----------------------|
| LPN | \$35.20 | \$35.20 | \$36.20 | \$50.00 | \$50.00 |
| RN | \$47.50 | \$47.50 | \$47.50 | \$66.50 | \$66.50 |
| Nurse Practitioner | \$100.00 | \$100.00 | \$100.00 | \$130.00 | \$130.00 |
| Charge Nurse | \$47.50 | \$47.50 | \$47.50 | \$66.50 | \$66.50 |

All Inclusive Pricing – All Districts

| Staff | Rater Per Hour | | |
|--------------------|----------------|--|--|
| LPN | \$36.00 | | |
| RN | \$48.40 | | |
| Nurse Practitioner | \$95.00 | | |
| Charge Nurse | \$49.40 | | |